


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90156 002 ****61.25

DOCUMENT # N27478
1. Entity Name
**NORTH LAUDERDALE LAKES CONGREGATION OF
JEHOVAH'S WITNESSES, INC.**



Principal Place of Business Mailing Address
C/O DONALD G. POWERS C/O DONALD G. POWERS
4320 NW 24TH STREET 4320 NW 24TH STREET
LAUDERHILL FL 33313 LAUDERHILL FL 33313



2. Principal Place of Business 3. Mailing Address
6160 BOULEVARD OF CHAMPIONS *6160 BOULEVARD OF CHAMPIONS*
Suite, Apt. #, etc. Suite, Apt. #, etc.
CHAMPIONS NORTH LAUDERDALE FLA *NORTH LAUDERDALE FLA*

City & State City & State
NORTH LAUDERDALE FLA *NORTH LAUDERDALE FLA*

Zip Country Zip Country
33068 BROWARD *33068 BROWARD*

1st MOORE CR2E037 (10/05)
4. FEI Number **59-2805667** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**POWERS, DONALD G.
4320 NW 24TH STREET
LAUDERHILL FL 33313**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARDIZZONE, GARRY R. 6350 NW 9TH STREET MARGATE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHAMBRAY, DELBERT KEITH 1461 SUSSEX DRIVE NORTH LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD POWERS, DONALD G. 4320 NW 24TH STREET LAUDERHILL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like reported.

SIGNATURE: *Donald G. Powers* *4/26/06*